

COMBINED DECLARATION AND POWER OF ATTORNEY IN ORIGINAL APPLICATION			ATTORNEY DOCKET NO. F-2614												
<p>As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled: _____</p> <p style="text-align: center;"><u>IMPROVEMENT IN THE STABILISATION OF HALOVINYL RESINS</u></p> <p>described and claimed in the attached specification, that I understand the content of the attached specification, that I do not know and do not believe the same was ever known or used in the United States of America be- fore my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this applica- tion in any country foreign to the United States of America on an application filed by me or my legal repre- sentatives or assigns more than twelve months prior to this application, that I acknowledge my duty to dis- close information of which I am aware which is material to the examination of this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 25%;">COUNTRY</th> <th style="width: 25%;">APPLICATION NUMBER</th> <th style="width: 25%;">DATE OF FILING (day, month, year)</th> <th style="width: 25%;">PRIORITY CLAIMED UNDER 35 U.S.C. 119</th> </tr> </thead> <tbody> <tr> <td>FRANCE</td> <td>78 24863</td> <td>29 Aug. 1978</td> <td>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></td> </tr> <tr> <td>FRANCE</td> <td>79 12005</td> <td>11 May 1979</td> <td>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></td> </tr> </tbody> </table> <p>I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: _____</p> <p>OSTROLENK, FABER, GERB & SOFFEN and the members of the firm: Sidney G. Faber- Reg. No. <u>14,521</u>; Bernard Gerb- Reg. No. <u>17,224</u>; Marvin C. Soffen- Reg. No. <u>17,542</u>; Samuel H. Weiner- Reg. No. <u>18,510</u>; Jerome M. Berliner- Reg. No. <u>18,653</u>; Robert C. Faber- Reg. No. <u>24,322</u>; Edward A. Meilman- Reg. No. <u>24,735</u> and Stanley H. Lieberstein- Reg. No. <u>22,400</u>, as attorneys with full power of substitution and revocation to prosecute this application, to transact all business in the Patent & Trademark Office connected therewith and to receive all correspondence.</p> <p>SEND CORRESPONDENCE TO: DIRECT TELEPHONE CALLS TO: OSTROLENK, FABER, GERB & SOFFEN 260 Madison Avenue, New York, New York 10016 (212) 685-8470</p> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>				COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119	FRANCE	78 24863	29 Aug. 1978	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	FRANCE	79 12005	11 May 1979	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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